

**IN THE COMMUNITY COURT
OF THE
SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY**

)	
_____ ,)	Case No.: _____
Petitioner)	
v.)	
)	PETITION FOR CHILD SUPPORT
_____)	
_____ ,)	
Respondent(s).)	

1) Information about me, the Petitioner:

My Name: _____ Birth date: _____
Month Day Year

My Address: _____
Street Address

City State ZIP

Is the above address within SRPMIC? yes no (circle one)

Tribal affiliation: _____

Tribal enrollment number: _____

Last 4 digits of Social Security #: _____

2) My relationship to the child(ren) for whom I am requesting child support is: (check only one box)

I am the child(ren)'s: ☐ parent ☐ legal guardian or

☐ I am the legal guardian of the minor parent of the child(ren)

3) I am requesting child support from the Respondent(s):

Name: _____

Name: _____

Relationship to child(ren): _____

Relationship to child(ren): _____

Birth date: _____
Month Day Year

Birth date: _____
Month Day Year

Address: _____
Street Address

Address: _____
Street Address

City State ZIP

City State ZIP

Is the above address within SRPMIC?

Is the above address within SRPMIC?

yes no unknown (circle one)

yes no unknown (circle one)

Tribal affiliation and enrollment number: _____

Tribal affiliation and enrollment number: _____

Last 4 digits of Social Security #: _____

Last 4 digits of Social Security #: _____

4) If the above individual(s) is/are not the child(ren)'s parent(s) provide the information below:

Minor's mother's name: _____

Mother's birth date: _____
Month Day Year

Mother's address: _____
Street Name City State Zip

Is the above address within SRPMIC? yes no unknown (circle one)

Mother's tribal affiliation: _____

Mother's tribal enrollment number: _____

Last 4 digits of Social Security#: _____

Minor's natural father's name: _____

Father's birth date: _____
Month Day Year

Father's address: _____
Street Address City State Zip

Is the above address within SRPMIC? yes no unknown (circle one)

Father's tribal affiliation: _____

Father's tribal enrollment number: _____

Last 4 digits of Social Security#: _____

Has the father established paternity for the minor(s)? yes no unknown (circle one)

5) I am requesting child support for the following minor(s):

Minor's name: _____

Birth date: _____
Month Day Year

Minor address: _____
Street Address

City State ZIP

Is this address within SRPMIC? yes no unknown

Tribal affiliation: _____

Tribal enrollment number: _____

Last 4 digits of Social Security#: _____

Minor's name: _____

Birth date: _____
Month Day Year

Minor address: _____
Street Address

City State ZIP

Is this address within SRPMIC? yes no unknown

Tribal affiliation: _____

Tribal enrollment number: _____

Last 4 digits of Social Security#: _____

Minor's name: _____

Birth date: _____
Month Day Year

Minor address: _____
Street Address

City State ZIP

Is this address within SRPMIC? yes no unknown

Tribal affiliation: _____

Tribal enrollment number: _____

Last 4 digits of Social Security#: _____

Minor's name: _____

Birth date: _____
Month Day Year

Minor address: _____
Street Address

City State ZIP

Is this address within SRPMIC? yes no unknown

Tribal affiliation: _____

Tribal enrollment number: _____

Last 4 digits of Social Security#: _____

11) The proposed date for the child support obligation to begin is: _____

Month Day Year

12) ☐ I am requesting that the child support payments should be made by order of assignment

☐ I am *not* requesting that the child support payments should be made by order of assignment

13) I am proposing/requesting child support for the following childcare or extraordinary medical or educational expenses: _____

14) I am proposing the following parenting plan: _____

15) The current parenting plan is: _____

16) If custody is shared, what is the percentage of the year that each parent has physical custody of the child(ren): _____

17) Has either the parent(s) or the child(ren) been involved in any of the following types of proceedings? (If yes, provide the name and location of the Court or Agency and date of the proceeding):

Child custody: _____

Child support: _____

Paternity establishment: _____

Disestablishment of paternity: _____

Proceeding requesting a domestic violence protective order or no contact order: _____

Proceeding requesting a restraining order involving the child or the parents or legal guardian(s): _____

18) Has either parent ever received state or tribal assistance, and if so, the parent's name, the date(s) and name of the state or tribe providing assistance: _____

19) The following lists all sources of income: (amount and how often received)

Source of Income

Me (Petitioner)

Respondent 1

Respondent 2

Salary/Wages			
Self-Employment			
Per-Capita			
Lease Payments			
Social Security Benefits			

Worker's Compensation			
Unemployment			
Disability			
Other			
Other			

20) Which parent should be allowed to claim the child(ren) as a dependent for income tax purposes and in which year(s), if applicable: _____

21) ☐ Attached is a proposed worksheet based on the *Child Support Guidelines*. (If applicable)

22) ☐ I am requesting that the Respondent's SRPMIC Employer/Finance Department/Community Department(s) or any other Entity that has evidence of the Respondent's income to be subpoenaed to provide the Court with records of their income:

Respondent's Name: _____

The evidence I am requesting is: _____

The name of the person or entity possessing this information is: _____

Address: _____

Telephone: _____

23) ☐ I am requesting that income be imputed according to the *Community's Child Support Guidelines and Schedule* because there is no reliable evidence of the Respondent's income.

24) ☐ I am requesting that the Court attribute income up to the Respondent's earning capacity because I believe that Respondent's income is reduced as a matter of choice and not for reasonable cause.

25) ☐ The parties have entered into an agreed child support order and it is attached.

I state to the Court, under penalty of perjury, that I have read this petition and all the statements in the petition are true and correct and complete to the best of my knowledge and belief.

Petitioner's Signature

Date

Signed and Sworn to or affirmed before me this _____ day of _____, 20

Court Clerk or Notary Public



SALT RIVER
PIMA MARICOPA INDIAN COMMUNITY COURT
10005 E. Osborn Road, Scottsdale, AZ 85256 480-362-6315

V E R I F I C A T I O N

STATE OF ARIZONA)
)
COUNTY OF MARICOPA)
)

_____, being first duly sworn upon his/her oath
deposes and says:

That he/she gives consent in the entitled action and that he/she has read the foregoing petition and that he/she knows the contents thereof: that the same is true of his/her personal knowledge except as to those statements made therein upon information and belief and as to those he/she believes them to be true.

PERSON GIVING CONSENT

SUBSCRIBED and SWORN before me on this _____ day of _____ 20____

COURT CLERK or NOTARY PUBLIC

Notary Signature

My Commission Expires



SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY COURT
10,005 East Osborn Road, Scottsdale, Arizona 85256
Telephone 480-362-6315 FAX 480-362-5732

INTAKE FORM - CIVIL FAMILY CASES INVOLVING CHILDREN

In order to better assist you file your petition/complaint/motion, please provide the following information:

1. Information about me/us, the Petitioner(s):

Petitioner's Name: _____

Petitioner's Name: _____

Address: _____

Address: _____

Street Address

Street Address

City State Zip

City State Zip

Address within SRPMIC? Yes No

Address within SRPMIC? Yes No

Telephone number: _____

Telephone number: _____

Tribal affiliation and enrollment number: _____

Tribal affiliation and enrollment number: _____

2. I am/We are filing the following type of case: (check all that apply)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Annulment | <input type="checkbox"/> Legal Separation | <input type="checkbox"/> Separate Maintenance |
| <input type="checkbox"/> Paternity | <input type="checkbox"/> Child Custody | <input type="checkbox"/> Child Support | <input type="checkbox"/> Child Visitation |
| <input type="checkbox"/> Child's Name Change | <input type="checkbox"/> Modification of Child Custody/Support/Visitation | | |
| <input type="checkbox"/> Guardianship of minor | <input type="checkbox"/> Order of Protection | <input type="checkbox"/> Probate of minor's estate | |
| <input type="checkbox"/> Other _____ | | | |

3. Information about the person(s), the Respondent(s) against whom I am filing the petition or complaint:

Respondent's Name: _____

Respondent's Name: _____

Telephone number: _____

Telephone number: _____

Address: _____

Address: _____

Street Address

Street Address

City State Zip

City State Zip

Lives within SRPMIC? Yes No Unknown

Lives within SRPMIC? Yes No Unknown

Enrolled SRPMIC member? Yes No Unknown

Enrolled SRPMIC member? Yes No Unknown

Tribal affiliation and enrollment number: _____

Tribal affiliation and enrollment number: _____

4. **Information about the child(ren) involved in this case.** Is there any person, including yourself or Child Protective Services, who has a court order giving him/her legal rights of guardianship, custody, visitation, or support of any child involved with this present case? Yes No Unsure (circle one)
If Yes, provide information for each child:

Child's Name: _____
Child's Tribal affiliation and enrollment number: _____
Name of person having the court order: _____
His/Her Address: _____
Street Address City State Zip

Is his/her address within SRPMIC? yes no unknown (circle one)

His/Her Tribal affiliation and enrollment number: _____
Name of court that granted order: _____
Type of court order and case number: _____

Child's Name: _____
Child's Tribal affiliation and enrollment number: _____
Name of person having the court order: _____
His/Her Address: _____
Street Address City State Zip

Is his/her address within SRPMIC? yes no unknown (circle one)

His/Her Tribal affiliation and enrollment number: _____
Name of court that granted order: _____
Type of court order and case number: _____

Child's Name: _____
Child's Tribal affiliation and enrollment number: _____
Name of person having the court order: _____
His/Her Address: _____
Street Address City State Zip

Is his/her address within SRPMIC? yes no unknown (circle one)

His/Her Tribal affiliation and enrollment number: _____
Name of court that granted order: _____
Type of court order and case number: _____

Child's Name: _____
Child's Tribal affiliation and enrollment number: _____
Name of person having the court order: _____
His/Her Address: _____
Street Address City State Zip

Is his/her address within SRPMIC? yes no unknown (circle one)

His/Her Tribal affiliation and enrollment number: _____
Name of court that granted order: _____
Type of court order and case number: _____